

# SECTION 'T' ENTRY FORM BMO TRACK 'N TRAIL KIDS' FUN RUN

COMOX VALLEY EXHIBITION  
201 - 580 DUNCAN AVENUE  
COURTENAY BC V9N 2M7



Runner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, BC  
Postal Code: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Email: \_\_\_\_\_

- T-1-1 Bunny Runners (5 years and under) 500m Horse Track  
 T-1-2 6 to 9 Runners 1 km Trail  
 T-1-3 10 and up Runners 1.5 km HorseTrack

Female  Male Birthday: \_\_\_\_\_



**BMO Employee  
Charitable Foundation™**  
Giving · Caring · Sharing

In participation with:



**Event coordinators:**

Mary Bridges Phone: 250 897-0042  
Cheryl Eldridge Phone: 250 335-3471

**\*\*\* A parent or guardian signature is required to participate in this event \*\*\***

*All runners will receive a participant ribbon. Prizes will be awarded to first girl and first boy of each category.*

Under 10 - free admission  
10 and up - will receive wristband (free admission)  
Parents - must pay admission (admission is good for entire day at CVEx)

**Free t-shirt for first 100 to pre-register before Aug. 1, 2010**

Fax form to 250 338-4244, email, or drop off at CVEx office  
Youth size:  xsmall  small  medium  large

**Saturday August 28th, 2010**

Comox Valley Exhibition Grounds  
Dove Creek Entrance

Race Day of Registration: 9:00 - 9:45 am

Warm up: 9:45 Meadow Stage

Race time: 10:00 am Bunny Runners (rest to follow)

Awards: 11:00 Meadow Stage

**WAIVER:**

I know that participating in physical fitness events is a potentially hazardous activity. I agree not to participate unless I am medically able and properly prepared. I should not participate without my physician's approval. I agree to abide by any decision of an event official concerning my ability to safely participate. I assume any and all risks associated with the event; including but not limited to, falls, contact with other persons or objects, the effects of weather, traffic and course conditions. As a condition of my entering this event, I, for myself, any accompanying minors, and anyone entitled to act on my behalf, waive and release Comox Valley Exhibition, any associated or related entities, their directors, officers, employees, agents, representatives, sponsors, volunteers, and organizers (herein collectively called "Event Organizers"), from present and future claims and all liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of the Event Organizers. I agree that the Event Organizers shall not be liable for any personal injury, death or property loss, and I release the Event Organizers and waive all claims with respect thereto. In the event my registration, I agree to be bound by the provisions of this waiver. I grant permission to Event Organizers to use or authorize others to use my personal information, any photographs, motion pictures, or any other record of my participation in this event or related activities without remuneration.

I waive ownership of any photographic records taken by the CVEX and agree to permit the CVEX to use my image, or my child's image, (in photograph, digital, or electronic form) for and in CVEX publications, posters, web-site or other media, without limitation, and agree not to make any claim for misappropriation of personality, breach of privacy, or other loss or damages against the CVEX in respect thereof. I also understand that the CVEX may provide these photographs for use by a third party with whom the CVEX may choose to associate with for joint marketing purposes.

I further agree to inclusion of my name(s), or my child's name(s): [ ] Yes [ ] No

**Applications for minors shall be accepted only with a parent's signature and should be signed by the minor.**

**I have read and understand all the general rules and regulations of this brochure and agree to abide by them**

\_\_\_\_\_  
Runner's Signature

\_\_\_\_\_  
Parent's Signature (for a child or youth under 18 years of age)

\_\_\_\_\_  
Print Runner's Name

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**www.cvexhibition.com 250 338-8177 cvea@mars.ark.com**